

MALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
(703) 355-3483

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	/					
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TOTAL CLAIMS	12					

TOTAL IND.				
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TOTAL CLAIMS				

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